Section 4 Adolescent Preventive Health

Psychosocial History and Developmental Assessment

Healthy adolescent development is a complex and evolving process that requires supportive and caring families, peers, and communities; access to high quality services (health, education, social and other community services); and opportunities to engage in skill building activities to succeed in the developmental tasks of adolescence. Therefore, a comprehensive psychosocial history is required to determine the impact of the adolescent's environment at home, at school and in the community on his or her physical health, development, and emotional well being. Document significant changes in the adolescent's environment as part of the psychosocial history. The psychosocial history may include, but is not limited to separation or divorce of parents, the recent death of a family member or friend, frequent moving, a recent birth in family, adolescent pregnancy, or violence in the home or community.

The adolescent is well past the ages when a traditional objective developmental test, such as the *Denver Developmental Screening Tool*, can be used. Therefore, providers need to assess the adolescent's progress toward independence and adulthood. Assessment of grade level, school performance, job performance, extracurricular activities, peer relations and future plans are all components of an adolescent developmental assessment. When problems are identified, the provider should refer the adolescent for specialty services appropriate to the problem. Referral to school counseling services may be helpful in assisting the adolescent when school related problems are identified.

Providers can use the *HEADSS (Home, Education, Activities, Drugs, Sex activity, orientation, and sexual abuse, and Suicide)* tool to assess the adolescent's psychosocial and developmental status (Refer to Section 4 – Addendum Websites). Using the HEADSS format, providers can discuss many sensitive issues that are potential threats to good health such as initiation of drug use. The adolescent can complete this screening questionnaire prior to the medical interview, and the provider can use this to trigger a dialog and elicit further information during face-to-face interview.

Mental Health Assessment

During the transition to adulthood, young people experience many emotional challenges that have a significant impact on their character and personality development. Annual preventive health visits are important opportunities to identify early evidence of mental health problems that emerge during this time of growth and change. Similarly, behaviors such as eating disorders or drug/alcohol abuse often begin during adolescence.

It is the responsibility of the primary care provider to conduct a mental health assessment at each adolescent preventive health visit to identify risks associated with behavioral or emotional problems. Providers can use the age-specific *Mental Health Questionnaires* developed by the Maryland Healthy Kids Program, in collaboration with the DHMH Mental Hygiene Administration, to assist with this

assessment (Refer to Section 7 – Appendix II). Note results of the mental health assessment in the adolescent's chart. In some cases, when a mental health problem is identified, the primary care provider can counsel the patient and note this in the chart. However, when specialty mental health services are needed refer the patient directly to the Maryland Public Mental Health System by contacting **American Psychological Services (APS) Healthcare** at **1-800-888-1965**. Document the referral in the chart.

Depression/Suicide

Primary care providers can help prevent adolescent suicide by knowing the symptoms of depression and other pre-suicidal behavior. The American Medical Association's *Guidelines for Adolescent Preventive Services (GAPS)* recommends annual questioning of adolescents about behaviors or emotions that indicate recurrent or severe depression or risk of suicide. A copy of the GAPS recommendations can be obtained via the American Medical Association website (Refer to Section 4 – Addendum Websites). The GAPS screening questionnaires are also available to download from the website. *Bright Futures* also provides questionnaires to assess adolescent depression (Refer to Section 7 – Appendix II). Families should be educated about signs of depression in children and adolescents (Refer to Section 3 – Depression in Children).

Eating Disorders

Adolescents have increasing concerns about weight-related issues, both from the standpoint of over-eating and excessive dietary restriction. Eating disorders such as anorexia nervosa and bulimia nervosa are chronic illnesses that can lead to long-term medical consequences. Treatment of adolescents with eating disorders optimally takes place with the support of an interdisciplinary team, including a primary care health professional, a dietitian, a dentist and mental health professional. Because eating disorders are prevalent in middle childhood and adolescence, it is important for the primary care provider to screen for them. For additional information on eating disorders and how to assess for them, refer to the *Bright Futures* and other websites for details (Refer to Section 4 – Addendum Websites).

Attention Deficit Hyperactive Disorder (ADHD)

ADHD is a disorder characterized by behavior and attention difficulties exhibited in multiple settings. It begins in childhood and is identified by specific attention, hyperactivity and impulsiveness criteria found in the *American Psychiatric Association's Diagnostic and Statistical Manual (DSMIVR, 2003).*

A clinician with skills and knowledge in the area of mental health, developmental or behavioral pediatrics must perform the ADHD evaluation. The overall approach to diagnosing an adolescent with ADHD involves the following:

- A comprehensive interview with the child's adult caregiver

- A mental status examination of the child
- A medical evaluation for general health and neurological status
- A cognitive assessment of ability and achievement
- Use of ADHD-focused parent and teacher rating scales
- School reports and other adjunctive evaluations separate from the school reports such as speech, language assessment, etc[2]

An adolescent diagnosed with ADHD without any accompanying emotional disorders can receive care from a primary care provider for management of medications. However, medication is only one component in the comprehensive treatment of ADHD. Adjunctive services can significantly improve an adolescent's response. Teaching and reinforcing organizational skills and social skills are interventions that can significantly improve outcomes. In addition, on going contact and follow-up with the parents of an adolescent with ADHD who is on medication is a critical component of the medication management.

A number of psychiatric conditions frequently occur with ADHD, i.e. mood disorder, conduct disorder, oppositional defiant disorder and bipolar disorder. ADHD is classified as a specialty mental health disorder**,** possibly requiring multiple therapeutic approaches (Refer to Section V - Specialty Mental Health Services). If the adolescent's behavior changes significantly, re-evaluation is necessary through a mental health referral to the **American Psychological Services (APS) Healthcare at 1-800-888-1965 (consumers and providers).**

For more information, the American Academy of Pediatrics' website (Refer to Section 4 – Addendum Websites) contains *Guidelines for Diagnosis of ADHD* and a copy of their *Guidelines for Treatment of Attention-Deficit/Hyperactivity Disorder*.

Violence and Sexual/Physical Abuse

Primary care providers are often the first health professionals to become aware of violence in a family. A violence risk assessment is recommended annually using questions concerning violence, access to guns, and potential violence in personal relationships (sexual assault, partner violence). Advise parents and guardians to avoid the use of physical punishment as a means of resolving conflicts with children and adolescents.

Maryland law mandates that primary care providers report any suspected abuse or neglect to the local Department of Social Services (Refer to Section 7 – Appendix V) or the police. Providers are to identify the potential conditions for abuse (Refer to Section 3 – Child Abuse Assessment) and make appropriate referrals for assistance.

[2] Goldman et al. "Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents" JAMA, April 8, 1998 Vol. 279. No.14 pgs. 1100-1107.

Be alert for signs of possible sexual abuse in both males and females and, when indicated, screen for sexually transmitted diseases. Possible signs of sexual abuse may include the following:

Direct Evidence

- Injury
- Genital infection
- Pregnancy

Indirect Evidence

- Behavior disorders
- Running away
- Substance use
- Physical complaints
- Depression/suicidal behavior
- Promiscuity

Substance Abuse Assessment for Drugs and Alcohol

Because of the increased number of young adolescents and young adults using drugs and alcohol in our society, primary care providers are in a unique position to identify substance abuse during routine office visits and offer appropriate treatment. The Maryland Healthy Kids Program requires that any provider seeing Medicaid children perform yearly assessment of substance abuse beginning at 12 to 13 years of age and recommends assessment at earlier ages when the provider suspects problems. In addition, the HealthChoice regulations require a substance abuse assessment, using a standardized tool, on the initial visit for all newly enrolled Medicaid recipients, beginning at 12 to 13 years of age. DHMH has developed a *Substance Abuse Screening Protocol for Adolescents* (Refer to Section 4 – Addendum) to assist providers with this requirement.

The *CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)* is a brief, validated, adolescent substance abuse screening tool (Refer to Section 7 – Appendix II). Both physicians and general clinicians may administer the tool. It is recommended that the screen be administered verbally. The *CRAFFT* can be easily memorized and was designed specifically for use with adolescents. The *CRAFFT* can assist primary care providers determine which adolescent patients are appropriate for brief office interventions and those that need prompt referral to substance abuse specialists.

One positive answer indicates further assessment of quantity and frequency is needed. If an incident happened only once, three years ago, then it may not be cause for great concern. However, if the substance abuse occurred several times during the past year, then the situation warrants additional follow-up.